

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	20	7536	8/9/00
O.I.P.E. CLASSIFIER		10	8/15/00
FORMALITY REVIEW	22	811	9/19/00
RESPONSE FORMALITY REVIEW			

# Best Available Copy

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Original	10/14/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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